

CLAIMS ONLY						Application Number		Filing Date		
						Applicant(s)		09926464		
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1					1		51			
2						1	52			
3							53			
4						1	54			
5						1	55			
6						1	56			
7						1	57			
8						1	58			
9						3	59			
10						1	60			
11					1		61			
12						1	62			
13						3	63			
14						3	64			
15						3	65			
16						3	66			
17						3	67			
18						3	68			
19							69			
20						1	70			
21						1	71			
22					1		72			
23					1		73			
24						3	74			
25							75			
26							76			
27							77			
28							78			
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40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep					4		Total Indep			
Total Depend					35		Total Depend			
Total Claims					39		Total Claims			